Hoxworth Counseling Services
4695 N M37 Hwy, Suite A, Middleville, MI 49333
269-205-2402 ◆ Fax:269-205-2728
Email: info@hoxworthcounseling.com ◆ Website: hoxworthcounseling.com

Authorization for Scheduling, Billing and Payment Purposes

This form, when completed and signed by you, authorizes the person(s) whom you have indicated below to contact us on your behalf for scheduling, billing and payment purposes only.

I authorize _____

Please indicate your relationship with this person:

☐ Spouse ☐ Significant other ☐ Parent/Guardian ☐ Other: _____

----------Please fill below for more than one person – otherwise leave blank----------

I authorize _____

Please indicate your relationship with this person:

☐ Spouse ☐ Significant other ☐ Parent/Guardian ☐ Other: _____

- This authorization will expire once the purpose of this disclosure ceases to exist, but no later than one year from the original date of signing.
- I understand that I have the right to revoke this authorization at any time by giving spoken or written notification to Hoxworth Counseling Services.

_____ _____
Client Signature Date